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Health Beliefs and Attitudes of Latino Immigrants: Rethinking Acculturation as a Constant

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Abstract Health disparities among Latinos have been associated with acculturation, but there is a lack of consensus about how acculturation variables translate into health beliefs that can be used to target attitude and behavior change interventions. Transcripts from three qualitative studies including 64 Latino immigrant adults were analyzed through inductive reasoning to assess relationships between more or less acculturated attitudes, and demographic variables. In the three topic areas of gender roles, sex education, and seeking professional help, attitudes ranged from conservative (less acculturated) to liberal (more acculturated), but did not seem associated with age, education or years in the United States. When dealing with specific health topics, it is not possible to infer specific attitudes, strength of attitudes or level of acculturation of intervention recipients. To develop sound, culturally competent interventions, it is necessary to assess the targets' beliefs and attitudes and tailor messages in specific contexts.

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Introduction

Latinos, like other ethnic minorities in the United States, are disproportionately susceptible to inadequate health education and services and have poorer health outcomes than non-minorities in areas like sexual and reproductive health and intimate partner violence [1, 2]. These disparities have been found to be associated with culturally-related attitudinal factors that increase risk or hinder access to services [2, 3]. To adequately reach Latinos and effect change in health-related attitudes and behaviors, culturally-competent health messages must take into account the nuances of cultural values and how they influence health beliefs [4]. Health messages are most likely to be effective when the sender of the message knows the receiver's stance on the issue and tailors the message so that it falls within his or her latitude of acceptance, or not so far from the original anchor attitude so as to trigger outright rejection of the message [5]. Since attitudes and beliefs about health are influenced by cultural inheritance, cultural context is important to the understanding of attitude formation [6–8].

Much research on Latino immigrants' health attitudes and behaviors attribute variance to the concept of acculturation, or "the process whereby immigrants change their behavior and attitudes toward those of the host society" [9]. Acculturation is generally operationalized through scales intended to quantify the extent to which individuals embrace the host versus original ethnic cultures, and are measured through proxy variables, including: language spoken in different settings, preferred ethnic identity, own or parents' place of birth, years living in the United States,

and subscription to family values and gender roles [10, 11]. Over-reliance on demographic variables, difficulty of measuring culture and lack of consensus on appropriate scales have brought into question the validity of acculturation metrics [12].

This study questions the notion of acculturation as an individual characteristic or trait that can be used to explain or predict a wide variety of attitudes. This report presents excerpts from three qualitative studies conducted in Miami, Florida with 64 Spanish-speaking Latino immigrants representing over 14 countries of origin, with varying degrees of English proficiency, education and time living in the United States. Applying inductive reasoning, we examined the transcripts for how cultural values, attitudes and beliefs are linked with Latinos' attitudes and beliefs with respect to culturally-bound topics, specifically parenting, family violence and sexual health, and how these dimensions become adapted through their interaction with the mainstream US culture and their own families.

Methods

Three studies were conducted in Miami, Florida with the approval of the University of Miami Institutional Review Board. In the first study, interviews were conducted with immigrant Latino/a participants of a voluntary parenting group intended to prevent family violence. The study examined the attitudes and beliefs of immigrant Latino parents and how their current beliefs relate to what they believe to be the norm in their home country and in the US. The study included 24 adults between the ages of 21–64 who were recruited through invitation during a regular group session. Interviews ranged from 11 to 68 min and all participants received a $20 incentive. Level of education was not asked and is reported here as unknown.

The second study employed three focus groups and five in-depth interviews with 30 immigrant Latinas to explore their attitudes and beliefs with respect to reproductive health education and services, both in their home country and in the US. Participants were recruited through fliers and word of mouth, and ranged in age from 21 to 59 years. Focus groups lasted 75–110 min and individual interviews ranged from 20 to 43 min. All participants received a $20 incentive.

The third study involved 10 Latino/a immigrant participants in a court-mandated program for domestic violence offenders. Participants were recruited through invitation during a regular group session, and $20 incentives were offered. Interviews ranged from 20 to 65 min. Age data was not linked to individual respondents; thus, age was approximated (e.g. mid-forties, late twenties) based on references to their age in the transcripts.

Focus group discussions and interviews were tape-recorded with participants' consent and transcribed for analysis. Analysis was guided by grounded theory and inductive reasoning, a mechanism for exploring observations that could lead to the discovery of a pattern [13], and coded based on constant comparison, and by identifying categories and properties [14]. The core categories were topics and themes, including sex and family planning, talking to teens about sex, gender roles in romantic relationships, and seeking professional help. Subcategories (or properties) were high, medium and low US-acculturation.

Results

The quotes presented below are organized by general themes and ordered by relative closeness to traditional (i.e. home country) cultural values versus more acculturated American values. The speaker's gender, age, years in the US and level of education is indicated when known. The comments represent a continuum of attitudes existent among adult Latino immigrants that cannot be fully explained by demographic or immigration variables.

Gender Roles

Machismo, marianismo and gender roles are recurring concepts in health acculturation literature [3, 4, 15]. Based on traditional assumptions of acculturation, there would be an expected linear pattern between younger age, years of education and years living in the US with more liberal (i.e. less *machista/marianista*) attitudes and beliefs. The quotes presented in Table 1 do not indicate such a relationship; indeed, these interactions made it evident that other factors are associated with variations in attitudes.

Sex Education

Sex education for young people and adults are important health topics that are profoundly bound to culture [2, 15]. The quotes presented in Tables 2 and 3 show a range of attitudes from very conservative (or less acculturated to mainstream American values) to more liberal (more acculturated), despite the demographics of the sources being very similar.

As with gender roles, the individual's placement on the attitude continuum for sex education and sexual health was not explained solely by age, education or length of stay in the US. Other factors, such as religion, family values and personal motivations, may play a more important role in shaping attitudes and, ultimately, behaviors.

Table 1 Attitude continuum: gender roles in romantic relationships

"The man is the man. My mother told me I was the one who had to take care of myself (using birth control)."
-Female, 30, 8 years in the US, high school graduate, Mexico (Study 2)
"If don't run things [in my relationship], it's going to make me feel like nothing. I have to tell her what to do and what not to do because she be doing some stupid stuff. And that's why I got to tell her how to do it."
-Male, early 20 s, more than 15 years in the US, some high school, Guatemala (Study 3)
"Doing the dishes, making dinner or changing the baby doesn't make you less of a man."
-Male, 31, 6 years in the US, education unknown, Mexico (Study 1)
"[When you come here from another country,] you don't know a lot of things. For example, many men don't know that having a wife next to you and wanting to make love to her when she doesn't want to, because she came home tired from work or whatever, that it's violence; many people don't know that."
-Male, 40 s, more than 10 years in the US, education unknown, Cuba (Study 3)
"We need to be less machista; open our eyes and stop being so closed-minded, thinking all the time that the man has to be the man of the house."
-Male, 42, 5 years in the US, high school graduate, Nicaragua (Study 1)

Study 1: Parenting; Study 2: Reproductive health; Study 3: Batterer's intervention

Table 2 Attitude continuum: talking to children and teens about sex

"They told my 11-year-old daughter how children are born. … They told her that in a class! That is wrong."
-Female, 42, 7 years in the US, some college, Nicaragua (Study 2)
"I think my 14-year-old daughter knows perfectly how the whole thing (sex) works. From school and from what my husband and I discuss and from television. But I've never talked to her about it directly."
-Female, 38, 5 years in the US, associate degree, Chile (Study 2)
"When I started talking to my daughter, telling her she had to be careful, the father of my children thought I had opened the door to prostitution for the girl. But, for me, I was informing her. Now my daughter is informed."
-Female, 35, 10 years in the US, high school graduate, El Salvador (Study 2)

Study 1: Parenting; Study 2: Reproductive health; Study 3: Batterer's intervention

Seeking Professional Help

Finally, another theme relevant to health acculturation is attitude towards professional services and trust in institutions. The quotes presented in Table 4 evidence how these attitudes vary, though not necessarily by demographic or immigration variables. Rather, the variation seems to be explained by life experiences and exposure to services and institutions.

Table 3 Attitude continuum: sex education among adults

"After asking me all the questions, … I thought they were going to do a knee exam, until they gave me the paper robe and time to get changed and I figured it out. I didn't have a lot of time to decide, I didn't understand what was going on. So they did the pap smear and everything else. And they even did the breast exam – aaaah!"
-Female, 32 10 years in the US, university graduate, Peru (Study 2)
"When I got married, I went on birth control, but my family was against it. I stopped using it because of the pressure from my family."
-Female, 35, 10 years in the US, high school graduate, Nicaragua (Study 2)
"Latino men get scared when they see that I am prepared (by bringing my own condoms)."
-Female, 33, 12 years in the US, high school graduate, Mexico (Study 2)

Study 1: Parenting; Study 2: Reproductive health; Study 3: Batterer's intervention

Table 4 Attitude continuum: seeking professional help and asserting needs

"If I have questions, I look it up in books, more than asking the doctor."
-Female, 38, 5 years in the US, associate degree, Chile (Study 2)
"My husband went to get a vasectomy, but his doctor said no, that the woman was the one who had to get an operation."
-Female, 37, 12 years in the US, education unknown, Mexico (Study 2)
"[I used to think,] I have two kids, what will I do alone, how will I do it if what I make isn't enough? … Here, there is a lot of help to cultivate this value, to see that there exists help, that we can get ahead and we can go forward on our own."
-Female, mid-30 s, 4 years in the US, some college, Mexico (Study 1)
"[We come] to a country where there are norms and laws and people learn to know the norms and know that if you call 911, it works, and people protect themselves that way."
-Male, late 40 s, 5 years in the US, university graduate, Colombia (Study 3)

Study 1: Parenting; Study 2: Reproductive health; Study 3: Batterer's intervention

Discussion

In order to develop a culturally-competent intervention, a refined understanding of how cultural factors affect the attitudes and behaviors of Latinos is required [2]. Although attitudes are generally formed passively, changing developed attitudes often requires the use of persuasive interventions [16]. According to persuasion theory [17], an attempt at influencing attitudes will depend on not only the message receiver's anchor attitudes and beliefs, but also the level of involvement with the topic. Therefore, in regard to a single influence attempt with a target that has strong

beliefs or is very involved in the issue due to personal experience, it would be advisable to advocate a small change; to effect greater change in a highly-involved target would require a series of small steps over time.

The qualitative findings presented in this report suggest that acculturation of immigrants to a host culture must be measured not only by demographic proxy variables or adherence to general cultural values, but also by adherence to new or traditional beliefs related to the specific topic addressed. We therefore propose an alternate view of acculturation, which may vary not only by demographic characteristics, but also by topic, context, as well as individual characteristics. Topic-specific acculturation may vary depending on the individuals' familial and religious beliefs, personal experience with the topic, contact with programs or institutions, peer influences, motivation to understand values of host culture and attachment to traditional (i.e. home culture's) values. Furthermore, an individual's acculturation process may vary based on the relative differences or similarities of the home cultural values and the values of the host culture. It would be inadequate to assume that more socially conservative values imply a lesser degree of acculturation, or that social liberalism implies greater acculturation. The direction of attitude acculturation will depend on the area to where the immigrant has moved. If an immigrant moves to a community that is more conservative than their home, then she or he may have to adopt more conservative values as they become immersed in the acculturation process. Even in large metropolitan areas, the micro-environment at the neighborhood or workplace level may endorse specific social values. In some cases, immigrants may find themselves in a cultural environment where they feel more comfortable than they did in their home country. Therefore, these three factors play interdependent roles in shaping immigrants' attitudes toward specific topics: (1) individual values, (2) community values, and (3) personal experience with a particular topic.

Simply measuring attitudes or even attitude change is not enough to assess how a person is undergoing acculturation, without considering their exposure to different cultural values. To develop sound, culturally-competent interventions, it is necessary to assess the target's beliefs and attitudes, as well as the situational context, and tailor messages accordingly. Cookie-cutter interventions aimed at "highly-acculturated" or "unacculturated" immigrant audiences, while attractive in its simplicity, are likely to fail if preexisting beliefs are not fully understood.

These findings support our personal experiences and empirical observations conducting interventions and research with Latino immigrants. It is evident that there are other factors involved in the adoption of mainstream US values beyond age, education, language preference and years in the US. The qualitative analysis presented in this report strays from the typical assumptions of immigrant adoption of host country values. While this report does not provide evidence for specific factors involved in the shaping of attitudes, it provides qualitative support for the notion that the relationship between demographic variables and acculturation is not linear, and that the same individuals may be more acculturated in one health-related topic, and less acculturated in another, because of the interrelationship between individual and community values, and personal experiences. This is in line with the conclusions of recent reviews of acculturation and health literature that identified inconsistencies in measurement, assumptions and implications of the construct termed "acculturation" to predict health outcomes or behaviors. Acculturation has been found to have both positive and negative effects on health beliefs and behaviors, depending on the health area (e.g. diet, sexual risk taking, smoking) [18]. Other researchers have looked at the conceptual and methodological challenges of using standard acculturation instruments on diverse ethnic minorities such as Hispanics and Asians to predict health outcomes or behaviors [19]. Furthermore, some researchers have argued that the assumptions of much health acculturation research may be based more on ethnic stereotyping than empirical observations of cultural difference [20]. These reviews of health and acculturation research support the conclusion that acculturation, while potentially important to understand variations in health behaviors, requires a more sophisticated definition. Attempting to measure acculturation as if it were a constant trait may be overly simplistic and invalid. Health-related acculturation could be reframed by topic area, and defined by specific anchor attitudes, rather than by proxy demographics or general attitudes assumed to be shared by all individuals in a cultural group.

More studies in this area need to be conducted as this study was exploratory and used purposive sampling, and its findings cannot be generalized to all Hispanics or all immigrants. However, limited generalizability may be drawn when acculturation is analyzed by topics rather than by demographic indicators. In other geographic areas that have large, culturally pluralistic immigrant groups (e.g. Hispanics or Asians), similar results could be found. There is a need for studies analyzing variations in adherence to traditional versus mainstream values by various health topics, and with respect to specific anchor attitudes and contextual motivation to change an attitude, belief or behavior.

A consideration in the interpretation of these data is the fact that the Latino immigrants who participated in this study, despite substantial variance in their points of origin, were all immersed in a process of acculturation in the same multicultural metropolitan area. Additionally, level of

education was not solicited in the first study, and age was only reported in the third study.

These findings contribute to current knowledge of Latino acculturation and culturally-competent interventions because it suggests a shift in focus from generic acculturation based on demographic proxy variables to a topic-specific conceptualization of acculturation that can be used to design appropriate interventions that take into account pre-existing anchor attitudes. Acculturation studies should consider the interaction between an individual's cultural values, the values of the host community, and the individual's personal experience with a topic. While this report focused on Latino immigrants, it will likely resonate with researchers and practitioners that work with other cultural immigrant groups.

In closing, we cite the words of one of the study participants, who reminds us of what will ultimately prompt an immigrant to change his or her values with respect to specific topic after migrating to a new country with a different value system.

> And if, by luck or bad luck, we are in this country in which the system is different then we have to learn the system here, … you learn only when you want to change. If you don't want to change, you don't change.
> –Male, mid-40 s, over 10 years in the US, education unknown, Cuba

References

1. Edelson MG, Hokoda A, Ramos-Lira L. Differences in effects of domestic violence between Latina and Non-Latina women. J Fam Viol. 2007;22(1):1–10.
2. Center for Reproductive Health Research and Policy: Issue Brief on Latino Youth: Reproductive Health [Internet]. 2002; [cited 2009 May 2] Available from: http://crhrp.ucsf.edu/publications/files/Latino.IB.pdf
3. Unger JB, Molina GB. Acculturation and attitudes about contraceptive use among Latina women. Health Care Women Int. 2000;21(3):235–49.
4. Villarruel AM. Cultural influences on the sexual attitudes, beliefs, and norms of young Latina adolescents. J Spec Pediatr Nurs. 1998;3(2):69–79.
5. Sherif M. Hovland CI: social judgment. New Haven, CT: Yale University Press; 1961.
6. Bandura A. Social cognitive theory of mass communication. Media Psychol. 2001;3(3):265–99.
7. Bandura A. Social cognitive theory in cultural context. Appl Psychol. 2002;51(2):269–90.
8. Whiten A. Primate culture and social learning. Cogn Sci. 2000; 24(3):477–508.
9. Rogler LH, Cortes DE, Malgady RG. Acculturation and mental health status among Hispanics: convergence and new directions for research. Am Psychol. 1991;46(6):585–97.
10. De La Rosa M. Acculturation and Latino adolescents' substance use: a research agenda for the future. Subst Use Misuse. 2002; 37(4):429–56.
11. Hunt LM, Schneider S, Comer B. Should" acculturation" be a variable in health research? a critical review of research on US Hispanics. Soc Sci Med. 2004;59(5):973–86.
12. Zane N, Mak W. Major approaches to the measurement of acculturation among ethnic minority populations: a content analysis and an alternative empirical strategy. In: Acculturation: advances in theory, measurement, and applied research. Washington, D.C.: American Psychological Association; 2003 p. 39–60.
13. Babbie E. The practice of social research, 11th Ed. Belmont, CA: Thomson Higher Education; 2007.
14. Strauss AL, Corbin JM. Grounded theory in practice. Thousand Oaks, CA: Sage Publications, Inc; 1997.
15. Padilla AM, Baird TL. Mexican-American adolescent sexuality and sexual knowledge: an exploratory study. Hisp J Behav Sci. 1991;13(1):95–104.
16. Bandura A. Social cognitive theory of self-regulation. Organ Behav Hum Decis Process. 1991;50(2):248–87.
17. Sherif CW, Sherif M, Nebergall RE. Attitude and attitude change: the social judgment-involvement approach. Philadelphia, PA: Saunders; 1965.
18. Lara M, Gamboa C, Kahramanian MI, Morales LS, Bautista DE. Acculturation and Latino health in the United States: a review of the literature and its sociopolitical context. Annu Rev Public Health. 2005;26:367–97.
19. Salant T, Lauderdale D. Measuring culture: a critical review of acculturation and health in Asian immigrant populations. Soc Sci Med. 2003;57(1):71–90.
20. Hunt LM, Schneider S, Comer B. Should ''acculturation'' be a variable in health research? a critical review of research on US Hispanics. Soc Sci Med. 2004;59:973–86.